

IDAHO DEPARTMENT OF CORRECTION

Visiting Application (Adult)

Inmate's Name: _____ IDOC Number: _____ Institution: _____

Applications must be renewed yearly. Is this a renewal application? ☐ Yes ☐ No

Read carefully. Your complete name is mandatory. Answer all questions. If a question does not apply, write 'NA'. If you do not know the answer, explain as best you can. Use additional paper if necessary.

1. Your Name: _____
(Last) (First) (Middle)

2. Other Names Used: _____

3. Date of Birth: _____ SSN: _____
(mm/dd/yyyy)

4. Place of Birth: City: _____ State: _____

5. Gender: ☐ Male ☐ Female

6. Driver's License/State ID number: _____ State issued: _____

7. Eye Color: _____ Hair color: _____ Weight: _____ Height: _____ Race: _____

8. Present Street Address: _____

(City) (State) (Zip)

9. Telephone Number: _____ All Other States Lived In: _____

10. What is your relationship to the inmate? _____
(Mother, father, spouse, girlfriend/boyfriend, son, daughter, etc. **Only list 'spouse' if legally married.**)

11. How long have you known the inmate and how did you meet? _____

12. Have you visited **another** inmate within the last year? ☐ Yes ☐ No

13. What are the other inmate's name and your relationship with the inmate? _____

14. Do you currently visit another inmate? ☐ Yes ☐ No

Inmate's Name: _____ IDOC Number: _____

What is your relationship with the inmate? _____

15. Have you ever been employed by the Idaho Department of Correction (IDOC)? ☐ Yes ☐ No

16. Have you ever been a volunteer for IDOC? ☐ Yes ☐ No

17. Have you ever been a contractor, vendor, or intern for IDOC? ☐ Yes ☐ No

If yes, give dates and locations: _____

18. Are you on probation or parole? ☐ Yes ☐ No

If yes, where: _____

What is your probation and parole officer's name? _____

19. Have you ever been a victim of a crime? ☐ Yes ☐ No

If yes, crime: _____ When: _____

Name of the inmate: _____

20. Your employer: _____ Telephone number: _____

21. Employer's address: _____

22. Do you have any pending criminal charges? ☐ Yes ☐ No

Charge: _____

I understand that missing or false information may delay or result in a denial of my application. I have read and agree to follow the IDOC's visiting rules.

Signature of Applicant (If 18 years of age or older) _____

Date _____

Note: If the applicant is under 18 years of age, the parent or guardian accompanying the child on the visit must also submit the following: *Visiting Application (Minor Child)*, and a certified copy of the child's birth certificate. In addition, **Guardians** must also submit a copy of the court order granting legal guardianship (or *Power of Attorney Delegating Limited Powers for Visitation*).

| Staff Use Only | | |
|--|--|--|
| <p style="text-align: center;">Background Check:</p> <p>Criminal record: <input type="checkbox"/></p> <p>No criminal record: <input type="checkbox"/></p> <p>Comments: _____</p> | <p style="text-align: center;">Approval Authority:</p> <p>Approved: <input type="checkbox"/> Denied: <input type="checkbox"/></p> <p>Date: _____</p> <p>Staff: _____</p> <p>Associate #: _____</p> | <p style="text-align: center;">Appellate Authority:</p> <p>Approved: <input type="checkbox"/></p> <p>Denied: <input type="checkbox"/></p> <p>Date: _____</p> |